٠ ٤ ٠	STATE OF MARYLAND—	CERTIFICATE OF DEATH	12
infor- state UPA-	1. PLACE OF DEATH .	1570	I.E.
25	County Cecil	Registration Dist. No. 95	
should of OCC	Village or City Pisce & Dun	NoSt,	Ward
= 0 1	Length of residence in city or town where don'th occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?yrsmos	r) ds.
Every CIANS ement	2. FULL NAME Jun nity Lee (1)	ldredax-	
· F 5 /	(a) Residence: No.	St., Ward.	
OH.	(Usual place of abode)	If nonresident give city or town and State	
RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE. 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
T.Y.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (wyinc the word)	June 6 193	2
X A C T L classified.	5a. If married, widowed, or divorced	(Month) (Day)	Year)
	HUSBANO OI (or) WIFE of	22. HEREBY CERTIFY, That I attended decea	sed from
	1 1931	1 2 7	In is said
PEJ d E rly cate.	6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 12 m.	111 13 3010
IS A PE stated E properly certificate.	9 /15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
70	8. Trade, profession, or particular kind of work dona, as SPINNER,		o ol onset
THIS d be y be k of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and	Endocardit.	JE
VK-T should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, atc.		7
F-1 -	a la spontin fundamental		
AGE THAT that ons	year) occupation	Other Contributory Causes of Importance:	
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)		
UNFA supplied n terms, ee instri			
0 44	13. NAME Freddy the Waredge 14. BIRTHPLACE (city or town) Floyd Con Ve	Name of operation Date of	
	(State or country)	What test confirmed diagnosis? Wes there an autops	y?
WITF efully in plai	15. MAIDEN NAME Ovelyn Deglvia Ridinger	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
	15. MAIDEN NAME Dullyn Delvia Ridinger 16. BIRTHPLACE (city or town) Flotyd Co, Va (State or country)	Accident, sulsida, or homicide? Data of Injury,	19
AINLY, id be car DEATH y import	(State or country)	Whera did Injury occur?(Specify city or town, county and Stata)	
PLA hould JF DI very	17. INFORMANT (Address) Program Seem Seem	Specify whether injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.	
53 70	18. BURIAL, CREMATION, OR REMOVAL.	Manner of injury	
WRITE mation s CAUSE TION is	Place Brown ew 1. bala. & unl 9, 1932	Natura of injury	
WRIT mation CAUSH	19. UNDERTAKER LE Tysoon /	24. Was diseasa er injury in any way related to occupation of deceased? . A s.	
8	(Address) Being Sun: Md.	If so, specify	
Z'	20. FOED. 6 - 8 1997 7 1977 2	(Signed) (Address) Art (Saw 22)	M. D.
12	Af more blanks and the Registrar.	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	9

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Chestion 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 11 2 13.2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	_1 year

*	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH DOCC should Registration Dist. No. Village or City (If death occurred in a hospital or iostitution, give its NAME instead of street and number) S Length of residence in city or town where death occurred mos. ds. How long In U.S. it of foreign birth? _____ yrs. ____ mos. statement PHYSICIAN RECORD. (a) Residence: No Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE DIVORCED (write the word) madrio (Month) (Day) (Year) 5a. If married wildowed, or divorced HUSDAND of 22. CERTIFY That I attended deceased from 6. DATE OF BIRTH (month, day, and year) certificate to have occurred on the data stated abova, at 100 7. AGE Months Days If LESS than proper 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER of SAWYER, BOOKKEEPER, etc ... plnods may back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that year) _____ occupation. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town). (Stata or country) What test confirmed diagnosis? carefully MOTHER 15. MAIDEN NAME important. 23. If death was dua to external causes (VIOLENCE) fill in also tha following Accident, suicide, or homicide?_____ Data of injury_____ OF DEATH 16. BIRTHPLACE (city or town WRITE PLAINLY (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods (Address) 18. BURIAL, CREMAZ Mannar of injury CAUSE mation Nature of Injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Addrass) If so, specify Karcl 6. 1932 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	06433
PLACE OF DEATH	STATE OF MARYLAND
County Cece	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No.	Ct. Wall (it death occurred it
2FULL NAME MY COUNTY	a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH H , 1931 (Month) (Dsy) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
January 26 1867	1931 10 June 1/ 193
(Month) (Day) (Year)	that I last saw h alive on 193, 193
7 AGE fLESS than	and that death occurred on the date stated above, at 1010 Com
6-5 yrs. 4 mos. 8 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	(0 police 9 (00,00 mm)
(a) Trade, profession or house. Wife	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF A CHARLES	(Duration) yrs mos ds
FATHER John JEhrenfach	(Signed) M. D
II BIRTHPLACE	12) 1 (Address) Who Yell
Z (State or country) Strusaury	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Managerotta (abota	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country)	of death / yrsmosds. State yrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) I. Hazu ton ayars	Former or usual residence Manylattel -
(Address) Elitor my - ()	WENNER DEW - Whungton July 7, 193:
Filed June 4 1923 2 Many Register	Marvey Michalo Wilmington 24
If more bilanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

last old

(Approved by U. S. Census and American Public Health Association.)

er," etc., William Laborer, Laborer-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (6) Automobile factory. The material and children, not gainfully emsingle word or term on -Coal mine, etc. Wom-Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "('Exhaustion,') "('Heart lauure,
> "('Inanition,') "('Marasmus,') "(Old Age,') "(Shock,')
> "('Uraemia,') "(Weakness,') etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage, stated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, causing death), 29 ds.; L. (secondary Whooping cough; Chronic Chronic interstitial nephritis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) affection need not be and consequences (e. g., sepsis, Example: Measles (disease chopneumonia (secondary), etc. valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

17. INFORMANT (Address)

19. UNDERTAKER

(Addyess)

18. BURIAL, CREMATION, OR REMOVAL

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH County Village or City Port	Deposit,	Registration Dist. No. No. St., Ward of death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No	leeth docurred yrs mos A Barrie mos (Usual place of abode)	ds. How long In U.S. If of foreign birth?yrsds. d St.,Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH 15 198 Z
5a. Af married, widowed, or divorced HUSBAHD of (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months 8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et this occupetion (month end yeer)	Deys If LESS than I day, hrs. or min. Could time (yeers) spant in this occupation	(Month) (Dey) (Year) 22. I HEREBY CERTIFY het I ettended decessed from 23. to
(Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete of country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Journe Journe	Neme of operation Dete of
17. INFORMANT Audreu	-Bourou.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

24. Wes disease or injury in eny way releted to occupetion of deceased?

Manner of Injury Nature of injury.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLA	ND—CERTIFICATE OF DEATH 16435
1. PLACE OF DEATH	- B
County Cecil	Registration Dist. No.
Village or City Leller	ND. 2202 Hage St., Ward
Length of residence in city or town where death occurredyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
ma ·	(20 · 10 · 1 · 0 ·
2. FULL NAME //useam	ge vanamilla
(a) Residence: No. (Usual place of abode	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 7 4. COLOR OR RACE OR DIVORCED (write	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	, 19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
6. DATE OF BIRTH (nionth, day, and year)	I last saw h alive on, 19; death is said
1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	3 mos. misaning
Work wes done, es SILK MILL, SAW MILL, BANK, etc.	
O. Date decessed last worked et this occupation (month and year)	(5)
12. BIRTHPLACE (city or town) Seller language (State or country)	Dther Contributory Causes of importance:
1 190 000	
72. /	
4. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emily Searlow	23. If death was due to external causes (VIDLENCE) fill in also the following:
[16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Jes. Hanclife (Address)	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL	Manner of injury
PlaceDate	, 19 Nature of injury
19. UNDERTAKER Javento (Address)	24. Was disease or injury In any way related to occupation of deceased?

MARGIN RESERVED FOR BINDING

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16:	kample I		Example II	
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Chronic interstitial nephritis	JUL 7 HIGH	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURESUV	July 5, 1927	Peritonitis	3 days ago
1	TE3U V	S.		
Other contributory causes	of importance:	*** index	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item MARGIN RESERVED FOR BINDING

1		F MARYLAND-	CERTIFICATE OF DEATH	36
	1. PLACE OF DEATH		82-0	
	County Cecil		Registration Dist. No. 92	
	Village or City Elkton	WISHIN CONFOR	No	Ward
	Length of residence in city or town where d		death occurred in a horpital or institution, give its NAME instead of street and numles. ds. How long in U.S. if of foreign birth?mos	
	2. FULL NAME Mr. Abres	m Barnabus Boyd,		
	(a) Residence: No. High St	treet. Elkton. Marv	land. Ward.	
-				le
-	PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
	Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH June 8th, (Month) (Day)	3 2 (Year)
5a	HUSBAND of (or) WIFE of	F. Boyd	22. I HEREBY CERTIFY, That I attended dece January 29thm 19 32 to June 8th,	eased from
6	DATE OF BIRTH (month, day, and year)	4.17 1855	im June 7th. 32	eath is sald
	AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10:25 nA.M.	
	78 77 3	2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	ate of onset
NOI	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	aborse	General arterio-sclerosis with	
IPAT	9. Industry or business in which work was done, as SILK MILL,	unben yard		8 mon
OCCUPATION	SAW MILL, BANK, etc	7 11. Total time (years) / 0 spent in this		
	yaar) 19.3.1	occupation	Other Coutributory Causes of importance:	
12	C. BIRTHPLACE (city or town) Chuse (State or country)	gland		
ER	13. NAME 20 infos	mation		
FATH	14. BIRTHPLACE (city or town)	reformation	Name af operation none Date of	
-	(State or country)	information	What tast confirmed diagnosis? Was there an autop	psy?_110.
HER	15. MAIDEN NAME	reformation	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLACE (city or town)	information	Accident, suicide, or homicide? Date of injury	, 19
2	(State or country)	1 1 Jouralion	Where did injury occur? (Specify city or town, county and State)	
17	(Address) Sekting	whise	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	B. BURIAL, CREMATION, OR REMOVAL	1	Manner of Injury none	
	Place El Klery Carrelly	Date // 1932		
19). UNDERTAKER 24.	o, pin	24. Was disease or Injury in any way related to occupation of deceased? NOTE	9
1	1	(1)	(Signed) The Manuelle	M D
20). FILED JULY 1932	Hegistrar.	(Address) Elkton, Maryland.	W. D.
N.	If more l		2411 N. Charles Street, Baltimore, Requesting U. S. No. x.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	of the same of the	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Cecel 1991.	Registration Dist. No. 92
Village or City Elklow, 2nd	No. St., N
(1	if death occurred in a horpital or iostitution, give its NAME instead of street and number) s. do. How long In U.S. if of foreign birth?
(110 00	5. Cos now long in 0.5. ii of loteign until:
2. FULL NAME / Cobert E/ Tradford	St Warflerin Hespital
(a) Residence: No. Atomateuec (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIYORGED (write the word)	(Month) (Day) (Yes
5a. H merried, widow 6, or divorced HUSBAND of	
Con thate Cicilia Warrengton	+22. HEREBY CERTIFY, That I attended deceased
N 1 2	Hast saw how alive on leave 29, 1932: death i
6. DATE OF BIRTH (month, day, end year) Ulaush 12 887. 7. AGE Years Months Days If LESS than	I last saw how alive on 19 2; death to have occurred on the date stated above, at 2 20 f.m.
1/7 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
Kind of work done, as SPINNER, Baker Maker	Corcinona / bladden
9. Industry or business in which	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation month and year) 11. Total time (years) spent in this occupation occupation	
year) All 1930 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) mid,	-
13. NAME NO Suforcation	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
6 1	What test confirmed diagnosis?
1	23. If death was due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Mrs. Nort- Masservatas	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Elklow md. 705	Specify was injury control in the country in the mag, of the footile remain
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Place to Kerry Hell Date July 2, 1932	Nature of injury
19. UNDERTAKER a.D. alexander	24. Was disease or injury in ony way releted to occupation of deceased?
(Address) Excharated	If so, specify
O. O. M 22 / hay trought	(Signed) Herberbole
20. FILEDULE 1 197 CF THELESS TOGGE	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of cpilepsy	1 week ago
Chronic interstitid nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1932

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFIC	ATE	OF	DEATH
JIAIL		IAI WILL	-AIV	CLIVIII			

1. PLACE	OF DEA	тн			(23)	9.2
County	C.e	cil			Registration Registration	on Dist. No.
Village o	r CityN	ear Big	Elk Cha	rel	No	St., Ward
Length of	residence in o	ity or town where	death occurred		death occurred in a hospital or institution, give its NA _ds. How long in U.S. if of foreign birth?	
			lam.SB	radley.	04 Ward	
(a) Kesic	dence: No		(Usual place o	f abode)	St., Ward.	ent give city or town and State
PERSO	DNAL AN	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICA	TE OF DEATH
Male		or or race	5. SINGLE, MARR OR DIVORCED	(regite the word)	21. DATE OF DEATH (Month)	Saturdy 1932 (Yeer)
e. If married, win HUSBAND of (or) WIFE of	f	orced	Scotten			FY That I attended deceased fro
. DATE OF BIRT	FII (manth d	au and man)	October	9. 1872	I last saw he stative on gree	6,1932; death is sai
	Years	Months	Days	If LESS than	to have occurred on the date stated above, at	. 0
	58	5	9	l dey, hrs.	The PRINCIPAL CAUSE OF DEATH and releted of were as follows?	auses of Importance
8. Trade, pr	ofession, or	perticular	ī	7 01 11111.	were as runows	Date of onse
SAWY	of work done PER, BOOKKE	, as SPINNER, EPER, etc	Farme	r	Julioney (u	bercoloss I gua
9. Industry work	or business i was done, es MILL, BANK,	n which SILK MILL,			0	1003
kind SAWY 9. Industry work SAW 10. Date dec	MILL, BANK, eased last wo		11. Totel tir	ne (veers)		
	ccupation (m	outu eug 7 0 2.	sp•n	tin this pation		
2. BIRTHPLACE	(city or town	Phil	adelphia		Other Contributory Causes of Importance:	
(State or		Penn				
13. NAME	D	avid Br	adlev			
13. NAME					Name of operation	7 Date of
(State	e or country)	1 1 1 1	land		What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN		Mary S	age of the control of		23. If death was due to externel causes (VIOL ENCE	
15. MAIDEN	ACE (city or to or country)	town) Ire	Land		Accident, suicide, or homicide?	Date of Injury, 19
7. INFORMANT (Address)	M	rs Will	ian S. Br	ndlev	Where did injury occur? (Specify city Specify whether injury occurred in INDUSTRY, in	or town, county and State) HOME, or in PUBLIC PLACE.
8. BURIAL, CREA	MATION, OR	REMOVAL		11.2	Manner of injury	
Place_C.	herry	Hill M	d Date Jun	e. 22,19.32	Nature of injury	
19. WNDERTAKER	CZ	3. Fra	ut + for		24. Wes disease or injury in any way related to oc	11/1/
(Address)	Nort	h East	Marvian	đ	If so, specify	1/1/20
20. FILED	g	11.0	na		(Signed)	Mars to MAD
5	N	1 Jora		Registrar.	(Address)	BA. V. N. LLLG

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis;	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1 1000	Other contributory causes of importance:	
Causanes	May 1,1923	restrocuterus	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	ICIAN
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V. S. No.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exar	uple I		Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	= 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUL "	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	BUREAUV	July 5, 1927	Peritonitis	3 days ago
	601			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS BY	Y PHYSICIA	N
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infor- state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
- E	1. PLACE OF DEATH	720
tem of should f OCC		Registration Dist. No. 73
sho of	Village or City Wolfe (III	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
t KS in		ds. How long in U.S. if of foreign birth?yrsmosds.
RD. Every item YSICIANS sho statement of C	2. FULL NAME Harry Can	
D. F SIC	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That	21. DATE OF DEATH (Month) (Day) (Year)
BINDING PERMANENT EXACTLY y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mosephine Can	22.9 I HEREBY CERTIFY, That I attended deceased from Sile visit 19 way / 7 - 1932
	6. DATE OF BIRTH (month, dey, and year) Aon 20, 1867	I last saw h alive on 19 death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
FOR IS A I stated properly	65 4 16 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 00	8. Trade profession or particular	Oate of onset
HIS he be be of	SAWYER, BODKKEEPER, etc.	Mysecular and
SERVI VK-T should it may n back	Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	//
SE INK She it n	Date deceased last worked at 11, Total time (years)	
	this occupation (month and year) spant in this occupation 40	
ZATO	12. BIRTHPLACE (city or town) Touth East (State or country)	Other Contributory Causes of Importance:
MARGIN UNFADI supplied. n terms, so ee instruct	13. NAME William Can	
MA H Un supp in tel	13. NAME 14. BIRTHPLACE (city or town)	Name of operation. Zarul Oate of
· · · · · · · · · · · · · · · · · · ·	(State of country)	What test confirmed diagnosis?
Y, WITH carefully H in pla	15. MAIOEN NAME margil Kirk	23. If death was due to external causes (VIDL ENCE) fill in also the following:
INLY, W) be carefu EATH in j	0 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete of Injury, 19
AINLY, id be car DEATH	(State or country)	Where did Injury occur? (Specify city or town, county and State)
E PLAINLY Should be ca OF DEATH	17. INFORMANT Mg. Harry Can (Address) Dalore mg	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(A) -01	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITE mation s CAUSE FION is	Place delle Eller Tiesete June 17,1932	Nature of injury
-WRIT mation CAUSI TION	19. UNDERTAKER E. Jysony!	24. Was disease or injury in any way related to occupation of deceased? 200
S. No.	(Adliess), Rushing Suns Md.	If so, specify
vi Z	20. FUE 0 6/ Lan 1934,	(Signed) M. D
(In.	Trust III Mangle Registrar.	(Address) Alling to 1
Jemi	M Roser 6 - 1 mor Dianes granded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915. Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL S	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) assified 5a. If married, widowed, or divorced HUSBAND of CERTIFY? That Lattended deceased from (or) WIFE of 2 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE If LESS than to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH end related causes of importance Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, Jo OCCUPATIO SAWYER, BODKKEEPER, etc ... may back 9 Industry or business in which plnoy work was done, as SILK MILL. SAW MILL, BANK, etc ... Do. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation instructions (State or country) FATHER See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) carefully What test confirmed diagnosis? _____ Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external ceuses (VIDLENCE) filf in also the following: E 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of Injury______19__ DEATH (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. 17. INFORMANT very plnods (Address) OF 18. BURIAL CREMATION DOR REMOVAL Manner of injury CAUSE TION Nature of injury 19. UNDERTAKER (Address) (Signed) 20. FILED Registrar. If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state VETH UNFADING INK-THIS IS A PERMANENT-RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	支張し
1. PLACE OF DEATH .		92-0 96	
County Coffee	Furnae Mes	Registration Dist. No.	
Village or City Surge		NoSt., f death occurred in a hospital or institution, give its NAME instead of street and nur	wher)
Length of residence in city or town where death	/ W Y'	10	
2. FULL NAME Ethel.	Beulah 1	reswell	
(a) Residence: No	in Furnace m	d. St Ward.	
(a) Hood dolloo. Ho.	(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, QR, DIVORCED (write the word)	21. DATE OF DEATH	1
Temale Mute	Married	(Month) (Day)	(Year)
a. If married, widowed, or divorced HUSBAND of	1	22. I HEREBY CERTIEY. That I attended de	eased fr
(or) WIFE of allew S.	Greswell	10 June 10th	19.57
DATE OF BIRTH (month, day, and year)	1-161891	1 last saw her alive on June 10 1952	death is se
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 730 P.m.	
4-1 3	2.5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	/ 1/	Chrone alvular	Date of ons
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	4 Me	Heart Desease	18/19
9. Industry or business in which work was done, as SILK MILL,			1/
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	-	
this occupation (month and year)	spent in this occupation		
hade.	6	Other Contributory Causes of importance:	11.
(Stata or country)	α Λ	Project Cogat Vicale	6/19
13. NAME 7. x - B P.		court pays and	
13. NAME W S B VE	Boy View	Name of operation wone Date of	
(State or country)	ad I	What test confirmed diagnosis? Prove Was there an aut	onsy?/M
15. MAIDEN NAME Famile	Oieram	23. If death was due to external causes (VIOLENCE) fill in also tha following:	,,,,,
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	m) lill	Accident, suicide, or homicide? Date of injury	19
(State or country)	hud	Where did injury occur?	
7. INFORMANT Celen & C.	swell	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	E.
(Address) Primapi	o hd		
18. BURIAL, CREMATION, OR REMOVAL	Date Dure / 3 1932	Manner of injury	
Placa Calony - Cerp La	Date 13, 1932	Nature of injury	
19. UNDERTAKER Joseph R L	dut	24. Was disease or injury in any way related to occupation of deceased?	w
(Address)	ex mo	If so, specify 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
20. FILED 6/13 , 1932 Z.	J. Handers	(Signed)	D-M.
	Registrar.	2411 N. Charles Street, Baltimore, Requesting U.S. No. 2.	u,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY	PIIYSICIAN
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WITH THE WITH CHI ADING INVESTIGIOUS IS A LEWINGEN	N. BEvery item of information should be carefully supplied. ACE should be sta	CIANS should state CAUSE OF DEATH in plain terms so that it may be pre	Statement of OCCIIDATION is work immediate the statement of OCCIIDATION is work immediate.
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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Leel	CERTIFICATE OF DEATH
BOLL AND WITHIN GOLFORA	Registration Dist. No. 92
Village or City Ollelow (No	St: Ward) (If death occurred in a hospital or institu
2FULL NAME Ellis, W. Dorc	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, Married Widowed. Wile white (Write the word)	16 DATE OF DEATH 7 192 2 (Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h
7 AGE 34 yrs. 6 mos. 9 ds. or min.?	and that death occurred on the date stated above, at
a occupation (a) Trade, profession or particular kind of work	Confr Clarker
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs
9 BIRTHPLACE (State or country) Many loud	Contributory Secondary Duration via mos de
10 NAME OF Harry Downhaw	(Signed) Hotel A Committee M. D.
11 BIRTHPLACE OF FATHER Z (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Louva Cloyd	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mosylaced	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant Ms Colingafieth M Daniel	usual residence
(Address) Kelk Willy had	Cherry Nece Ceuley June 25,32
15 Filedane 25 1987 Frank Bour	1. D. allemath, Eller med
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

06443



(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin ","Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease

If this certificate is looked over thoroughly and a'l questions an approach in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

F te F	STATE OF MARYLAND—	CERTIFICATE OF DEATH	344
infor- state UPA-	1. PLACE OF DEATH	92-a	
	County Cecel	Registration Dist. No. 95	
5.2	Village or City I ising Sun The	, No	Ward
7 0		death occurred in a hospital or institution, give its NAME instead of street and n	
3D. Every YSICIANS statement	Length of residence In City or town where death occurred	ds. How long In U.S. If of foreign birth?yrsmo	isds
CI E	2. FULL NAME A Dhu	ug	
RD.	(a) Residence: No./	Ward. If nonresident give city or town and	S
RECORD. Ever. PHYSICIAN Sxact statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
RE Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
	male Divorced (write the word)	free 21	, 193
NG, T.L.	5a. If married, widowed, or divorced	(Month) (Day)	(Year)
MAN A C Tassification	HUSBAND of Cor WIFE of Henrette Massing	22. HEREBY CERTIFY, Thet I ettended	deceased from
A SXO	7. 1. 1- like of	Leoneary 8, 19 32, to secure 14	19.02
	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	1 lest saw h	; death is said
FOR IS A I stated proper ertifica	77 1 day,hrs.	to have occurred on the date stated above, et	
	8. Trade, profession, or particular	were es follows:	Date of onset
HIS be be of	kind of work done, as SPINNER, Hannes	Chronic Thy searctal DEG Enersteen	1994
RVE	Note that the second se	Caraias DE comprusation	Nov. 19:
KK-Khoull houll back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and 1 0 2 1 11. Total time (years)		
RESERVEL G INK—THI GE should be that it may be ns on back of	and occupation (month and) - Shant III (1112)		
RE I	year) occupation 42	Other Contributory Causes of importance:	
IN DIT	12. BIRTHPLACE (city or town) (State or country)	arterioscleres	1919
MARGIN RI UNFADING supplied. AGI n terms, so tha			
	E PANTE	Mari	
T -= (0)	14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Date	21.
X, Wirry carefully H in pla		What test confirmed diagnosis? The special Ding Was there en en	
INLY, W's be careful EATH in primportant.		23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?	
NLY, e car ATH nport	2 16. BIRTHPLACE (city or town) CState or country)	Where did injury occur?	, 19
in EA	17. INFORMANT William & Giffing	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	() (CE
E PLA Should OF D	(Address) Pising Sull The	23 7 77	
FE P1 shou	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
WRIT lation AUSE	Piece Cabridade Mapate Gline 23, 1932	Nature of injury	
WRITI Mation CAUSE TION is	19. UNDERTAKER F. C. J. M. SOOL	24. Was disease or injury in any wey related to occupetion of deceased?	To
S. S.	(Address Rising Sun. Md	If so, specify Frence	
vi .	20. FILED 64 - 23 - 1932 - 7	(Signed) THE HEAVER	M. D
PA	Longe IV Holling MM Registrar.	(Address) Quarryville /2.	
Ger	Must sign for lanks are needed, address, State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	· · · · · · · · · · · · · · · · · · ·
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TYTOTATACOTIAN	OH SECIM	T CAME	T C WATTITIES	かん サイフ エーマン・アン・アー	27 2	T TT T DI CTTTT

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Cecil	Registration Dist. No. 91
Village or City Cherafeahe Cety Mid	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrsmos ds.
2. FULL NAME Cohe H. Green	
(a) Residence: No. Cecilton Med. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Watth	22. HEREBY CERTIFY That I attended deceased from 1937 to The 6 1932
6. DATE OF BIRTH (month, day, and year) 2/26/1857	Mast saw h Min elive on June 5 19 3 2 death Is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
75 (3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinona of the
A Industry or business in which	Stone 1 /926-
work was done, as SILK MILL, SAW MILL, BANK, etc.	01011000
Date deceased lest worked et this occupation (month end 1922 spent in this occupation)	
year)	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or Auntry)	Chincie myscarsitis 1920
	The second of th
E 77.00	north house
14. BIRTHVLACE (city or town) (Stete or country)	Whet test confirmed diagnosis? Whet test confirmed diagnosis? Whet test confirmed diagnosis?
15. MAIDEN NAME OF MENTERS DILLES	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME CALLED PIFE	Accident, sulcide, or homicide? Date of injury 19
State or country)	Where did Injury occur?
17. INFORMANT Walliam Lacer (Address) Employees mid-	(Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAND Place of Facility Continues of 19.32	Manner of injury
19. UNDERTAKER John A. Coffage	24. Was disease er Injury in any way related to occupation of deceased?
(Address) (Saille Mary Mary	(Signed) Alux Chavo M.D.
20. FILED Mill 8 , 19 3 2 10 . Registrar.	(Address) Cheroperbe City No.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

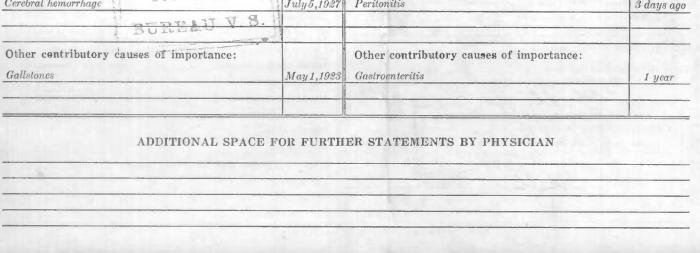
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	9 9 9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



-	nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
M.	· M	1. PLACE OF DEATH	23
		County (acco	Registration Dist. No. 95
	shor of O	Village or City Port Deposit	NoSt.,Ward
		Length of residence in city or town where death occurred / A yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
	KD. Every YSICIANS statement	11111	22. 4. 1
	tem CE	2. FULL NAME Will Colore	nce/reen
		(a) Residence: No. (De Alfred M. ((Vsual place of abode)	ASt., Ward. If nonresident give eity or town and State
	RECC. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	, F	3. SEX 4. COLOR OR RACE OR DIVORCED (wing the word) White Single, MARRIED, WIDOWED, OR DIVORCED (wing the word)	21. DATE OF DEATH (Month) (Day) (Year)
	T L fed.	5a. If married, widowed, or divorced HUSBAND of	
<u> </u>	KMANEN X A C T I classified.	(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
3		6. DATE OF BIRTH (month, day, and year) I uly 19-1805	I last saw hard solive on 2 19 3 Zdeath is said
n	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 2 4 m.
3	Stated properl	1 X 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-4	st st pr	8. Trade, profession, or perticular	were Af follows: Date of onset
3	be of	kind of work done, as SPINNER, & Farmer	Tillesculotus
>	ould may back	1. Industry or business in which work was done, as SILK MILL,	
E I		SAW MILL, BANK, etc.	
5	E shat it	10. Date decessed last worked at this occupation (flont) and 193 11. Total time (years) spent in this occupation occupation occupation	
ᅺ	NFADING I oplied. AGE erms, so that instructions	A sa ho!	Other Contributary Causes of Importance:
4	se ucti	12. BIRTHPLACE (city or town) (State or country)	
5	FA lied ms,	13. NAME Loll Harvey Green	
A		I // // // // // // // // // // // I	
>	T -= 70	14. BIRTHPLACE (city or town) Transfer (State or country)	Name of operation
		15. MAIDEN NAME Virginia C. Michola	What test confirmed diagnosis? Wes there an au'opsy?
	INLY, WITH be carefully EATH in pla important.	E Transleto	23. If death wes due to external causes (VIOLENCE) fill in also the following:
	AINLY, Id be car DEATH y import	[State or country]	Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?
	be imp	Leel H Leeka	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
		17. INFORMANT AU / Control of Con	Specify whether injury occurred in Thubstra, in nome, or in Public Place.
	40	BURIAL CREMATION, OR DEMOVAL	Manner of injury
	5 5 5 5 F	Place Date June 16, 1982	Nature of Injury
	CAUSE TION IS	19. UNDERTAKER J. C. Jyson	24. Was disease or injury in eny way related to occupation of deceased?
	LEOF	(Address Reseng Jun. Md.	If so, specify
5	9	20. FILED 6 + 14- 1959	(Signed) M. D. M.
(7	7)	Impa morana Registrar.	(Address) / Lawy Gun Md
-		If more blanks are needed, address State Registrar,	11 N. Charles Street, Baltimore, Requesting V. S. No. 1.
		01/1-1/00	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITI	ONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	

SIAIL OF MARYLANL 1. PLACE OF DEATH	—CERTIFICATE OF DEATH
Village or City Convury	No. St., Wo (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mos. 2.0. ds. How long in U.S. if of foreign birth? yrs. mos. mos.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor Widow 5. If married, widowed, or divorced	
HUSBAND of John M. Haines	1 HEREBY CERTIFY. That I attended deceased fr May 15 1932, to the 4 193
6. DATE OF BIRTH (month, day, and year) Hay 77 78 783 / 7. AGE Years Months Days If LESS th	
8 Trade profession or particular	were as follows: They condition Date of the
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at to the second	China Ocedorados 191
this occupation (month and 1918 spent in this occupation spent in the spent in this occupation spent in this occupation spent in the spent in this occupation spent in the spent in this occupation spent in the spent in t	Dther Contributory Causes of importance:
(State or country) 13. NAME John Berry 14. BIRTHPLACE (city or town) Colcil 60	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Adlaide Berry 16. BIRTHPLACE (city or town) Decil Co (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Pauline Brown (Address) Conveyings mis	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, EREMATION, OR REMOVAL Place M. Joan M. Date July 10, 19.	Manner of Injury
19. UNDERTAKER TO THE SURPLY S	24. Was disease or injury in any way related to occupation of deceased?
Louis North Registra	(Signed) Address) And Allow to Me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example 11	
Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of dcath and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	92.00
S E S	County Ce Cul	Registration Dist. No. 6 93
shor O	Village or City Colora	No. St, Ward
= 0	(If Length of residence in city or town where death occurred 5 4 yrs 2 mos	death occurred in a horpital or institution, give its NAME instead of street and number) 1.3 ds. How long in U.S. if of foreign birth?
AN	00 70	1 June 1918 and 1918
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC TION is very important. See instructions on back of certificate.	2. FULL NAME John Thomas Na	mes
RD YS	(a) Residence: No. (Usual place of abode)	St., Ward. Colora Marylan If nonresident give city or town and State
PH PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE .	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
PEZ I	male white wichover.	(Month) (Play) (Year)
NE N	5a. If married, widowed, or divorced HUSBAND of Constant Psalel Heineld.	
DI (A)	HUSBAND of annie Isabel Service.	Man 2 10.72 to Delle 7 10.83
- mil	6. DATE OF BIRTH (month, day, and year) MCA1 - 10 - 1840	Hast saw how alive on hour 6 193 2 death is said
PF PF arly cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at AMm?
OR OR ate ope ope	92. 92. 1 day. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
**		Date of onset
ED HIS	8. Trade, profession, or particular kind of work done, as SPINNER, Blacksmith.	Commencer disease
Uld uld ack	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Valorian
NK-NK-	SAW MILL, BANK, etc 10. Data dacaased last worked at this occupation (month ₂ and) 11. Total tima (years) spent in this 6.2	
ES HE HE S O S O	this occupation (month, and year) spent in this 63 -	
Z	12, BIRTHPLACE (city or town) Charleston, md	Other Coatributory Causes of Importance:
NI G P S S	(State or country)	Il Praise & Court
RG VF. VF. plie rms rms	2 13. NAME Some Thomas Haines	100/33
o tad	13. NAME Somes Hames Hames 14. BIRTHPLACE (city or town) Charlestonia (State or country)	Name of operation Date of
rH ly s lain Se	(State of County)	What test confirmed diagnosis? Was there an autopsy? 2X-
n p n t	15. MAIDEN NAME Beamett.	23. If death was due to external causes (VIOLENCE) fill in also the following:
. 시티니 뿐	16. BIRTHPLACE (city or town) Lawlestonic	Accident, sulcide, or homicide? Date of Injury, 19
NE CAT	(State or country) manufactus	Where did Injury occur? (Specify city or town, county and State)
ALI d b DE V ir	17. INFORMANT Mast Dillian Corried	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PL toul	(Address) Colora md.	
三四三	18. BURIAL, CREMATION, OR REMOVAL Place A OF SLIVELL MAD Date June 1019.3.	Manner of injury
RIT Hion US US	Prace & 10, 19 5	Natura of injury
LEOF	19. UNDERTAKER . C - V John	24. Was disease or injury in any way related to occupation of deceased?
S. No.	(Addits) Plaing Islan Md.	If so, specify
» ZT	20. FILED 20.	(Signed) Sally Services (M. D.
0	Af more blanks are noticed, all the State Recturary	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
-	fines assure 6-16 -13:	2

GERAG

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

1. PLACE OF D	EATH		24	
County Ce			Registration Dist. No. 9	
Village or City_	Veterans!	dministration. Hosp	ita Ng. Perry Point, Md. St., (If death occurred in a hospital or institution, give its NAME instead of street ar	Ward
Length of residence	e in city or town where d	leath occurredyrs,m	os. 14 ds. How long In U.S. if of foreign birth?yrs	mos ds.
2. FULL NAME	HITCHENS	, James G.	XC-None	
(a) Residence:	No. Elkton	Heights, Elkton, I (Usual place of abode)	Md St., Ward. If nonresident give city or town a	and State
PERSONAL	AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male 4.	color or RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 4 (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, of HUSBAND of (or) WIFE of	r divorced Name unknown		22. I HEREBY CERTIFY, That I attend April 20 1932 to June 4	
6. DATE OF BIRTH (mon	th day and year) JE	n. 7, 1875	I last saw h im alive on June 4 19	
7. AGE Years 57	Months 4	Days If LESS than I day,hr	to have occurred on the date stated above, at 4:25P m The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset 5-30-3
Mork was don SAW MILL, B.	done, as SPINNER, KKEEPER, etc	Foreman on ferry also Repairman 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or (State or country)	town)Elk	on, Md.	Other Contributory Causes of importance: Psychosis, intoxication, alcoholic	1930
13. NAME	Ben jamin H	itch ens	deterioration.	1300
I4. BIRTHPLACE (cit	y or town)	đ.	Name of operation None Date of What test confirmed diagnosis? Clinical examinas there a	
15. MAIDEN NAME	Anna McGr	eady	23. If death was due to external causes (VIOLENCE) fill in also the follow	ving:
15. MAIDEN NAME 16. BIRTHPLACE (city (State or cou		Island, New York.	Where did injury occur?	
17. INFORMANT		Records.	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE,
	on, Md.	emoval Date June 4 19 3	Manner of Injury	
19. UNDERTAKER	PIPPIN	Join Elkton 2a	24. Was disease or injury In any way related to occupation of deceased?	No

96

Alp Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

8

19. UNDERTAKER ... (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	* Gastroenteritis	1 year
>	,	
	1915 1921 July 5, 1927 May 1, 1923	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

S No.

PLACE OF DEATH	STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
WITHIN CORPOR	Registration Dist. No.
Village or City Elkton (No	St.: Ward) (If death occurred in a hospitul or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH June 2nd, 192 32 (Month) (Day) (Year)
December 20, 1863. , 1	June 1st, 192 32 to June 2nd, 192 32 that I last saw h er alive on 192 32 192 2nd, 192 32
	and that death occurred on the date stated above, at 9 As m The CAUSE OF DEATH * was as follows: Pulmonary Edema
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER John F: Craum 11 BIRTHPLACE OF FATHER (State or country) Wirginia. 12 MalDEN NAME OF Mary S: Landis	Contributory Secondary Probably Pulmonary Tuberculosi Arterio Sclerosis. (Signed) June 2nd 992 32Address) *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MATY 5: LAMELS 13 BIRTHPLACE OF MOTHER . Virginia (State of Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunients or Recent Residents) At place of deathyrsmosds, Stateyrsmosd Where was disease contracted, it not at place of death?
(Informant) Chas. C. Houff (Address) wilmington, Del. Filed/une 2 19232 Bauss Bager	usual residence 19 PLACE OF BURIAL OR REMOVAL STATIST TAVERN, Va. Mt.Carmel Cemetary 20 UNDERTAKER DATE OF BURIAL June 4, 1932 ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

en at home, er," etc., Wilnow Laborer, Laborershould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to etch and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been change. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "For man," "Manager," "Dcalworked on may form part of the second statement. first line will be sufficient, e. g.. Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons who are engaged in the duties of the -Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meninatis"); Diphtheria (avoid use of "Croup"); s, inal meninatis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence.

carbolic acid—probably suicide. The nature of the injury, Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) If this certificate is looked over thoroughly and all questions Examples: Accidental drowning; Struck by railway trainapproved diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "E:haustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ethaustion," "Heart failure," "Haemorrhage, st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi telanus) may be stated under the head of "eontributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be "Atrophy," "Collapse, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary). (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the cough; Chronic Example: Measles (disease ," "Com2," "Convulsions, valvular heart disease; etc. The contributory

F te F	STATE OF MARYLAND—	CERTIFICATE OF DEATH	WHA!
infor- state UPA-	1. PLACE OF DEATH	965	
	County Cecil	Pegietration Diet No. 95	
should f, OCC			111-
sle	Village of City		mber)
NS NS ent	Length of residence in city or town where death occurredyrs/mos	ds. How long in U.S. if of foreign birth?yrsmos	ds
VD. Every FSICIAN statement	2. FULL NAME Fred W. Jrww		
D. SI	(a) Residence: No.	St.,Ward.	
			ite
RECO . PH Exact			
	OR DIVORCED (quive the word)	Jane of Death Jame 2 Pl	33
TT TL ed.	- more	(Month) (Day)	(Year)
Si C N	HUSBANO of	22.) I HEREBY CERTIFY, That I attended deci	eased from
ND XM X A Colass class	mma course orwine	June 19 : 1932, to June 24	, 19. 32
— — .	6. DATE OF BIRTH (month, day, and year) Jan. 8, 1858	(Just say hair alive on June h 3 , 19 72; d	leath is said
FOR B IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. 1.5. Am.	
FOR IS A I stated proper!	74 5 5 ormin.	were as follows:	late of annat
IIS I	8. Trade, profession, or particular kind of work done, as SPINNER,	Augurae Declores	Jun E
T III	1. PLACE OF DEATH County Cliff County Cliff County Cliff Ward No. No. No. St. Ward Length of residence in city or town where doth occurred. 2. yrs. 7.mos. 4. How long in U. S. it of foreign birth? yrs. most. (a) Residence: No. (Usus) piece of abodo? PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCES (which the world) 1. Harried wideward, or divorced discovered in the world) 1. MATE OF BIRTH (month, day, and year) 4. Days 1. HESS than 1. ACE Years Monthe Days 1. LESS than 1. Log,, hrs. 1. Log,, hrs. 1. Log,, hrs. 1. Log,, hrs. 1. Salvall, BORNETER, etc. 3. Sharries, BORNETER, etc. 4. Sharries, BORNETER, etc. 5. Sharries, BORNET		
K_T fould may back	work was done, as SILK MILL, SAW MILL, BANK, atc		
S. S	O I To. Data deceased last worked at 11. Total time (years)		
	year) occupation occupation	Other Contribute Course of investment	
NFADING NFADING pplied. AGI erms, so tha	12. BIRTHPLACE (city or town) In anov Jourshylo	Other Commontery Causes of Importance:	
GII 'AD ed. s, s		artinoschroseo	
NF NP ppli	13. NAME William I rum		
M H U Sulin to See	14. BIRTHPLACE (city or town)	Name of operation Date of	
Fig	(State of Country)	What tast confirmed diagnosis? Was there an auto	psy? Za
WITTI efully in pla	15. MAIDEN NAME Comil Weller	23. If death was due to external causes (VIOLENCE) fill in also the following:	
INLY, WI be careful EATH in primportant.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	_, 19
INLY, be cal EATH import	1. PLACE OF DEATH County Click Village or City. 1. PLACE OF DEATH County Click Village or City. 1. PLACE OF DEATH County Click Village or City. 1. PLACE OF DEATH County Click Village or City. 1. No. 2. How long in U. S. If of foreign birth? 1. S. How long in U. S. If of foreign bir		
PLAINLY ould be ca F DEATH ery impor	The state of the s	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
404			
	Man O - a Mdo and	_	
-WRITH MATION CAUSI	NE 7		ها
TICAM		- 0 0	
A A	al ale		
2	20 FUED 1921	Y X Y	M./0
1	The state of the s		Je 5-64
um	1 rosus 6-127-1702	the state of the s	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attock of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	SEACE	run	LOUITIE	STATEMENTS	T) T	LHISICIAN

V. S. No. 1		MARGIN RESERVED FOR BINDING	
N. B.	WRITE PLAINLY,	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nfor-
(-	nation should be car	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	state
0	AUSE OF DEATH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	JPA-
I	TON is very import	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	253
1. PLACE OF DEATH	82-a	
County Cecil	Registration Dist. No.	4
Village or City Bay View	NoSt.,	Ward
	death occurred in a horpital or institution, give its NAME instead of street and n _ds. How long in U.S. if of foreign birth?yrs	
1.6.00		
2. FULL NAME Wilbur Janney	St Ward.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give eily or town and i	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Widows	21. DATE OF DEATH (Month) (Day)	193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August A. January	22. I HEREBY CERTUFY, That I attended of the 12 1932 to June 23	deceased from
6. DATE OF BIRTH (month, day, and year) Opro 13 185/	Hast saw have alive on June 22, 1932	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 A m.	
8/ 2 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	
8 Trade profession or particular	0	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebras	6-22-37
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	hewarhage	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and yaar) 11. Total tima (years) spant in this occupation	J	
$\mathcal{N} = \mathcal{O} \mathcal{V}$	Other Contributory Causes of importance:	
(Stata or country)	arterio Seleroses	1928
13. NAME Serge Sames		
14. BIRTHPLACE (city or town) hear Bay View	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was thera an a	ulopsy? no
15. MAIDEN NAME 77 nowlan	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 15. MAIDEN NAME 75 nowlan 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) 75 nowlan 76 nowlan	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFORMANT Slevey James (Address) & Inthe East Of W. M.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bay View Nod Date June 25, 1932	Manner of injury	
19. UNDERTAKER DOSEPH OF LIBROR	Natura of injury 24. Was disease or injury in any way related to occupation of deceased?	
(Address) Wark East Md	If so, specify	
20, FILED 6 124, 19 5th, See W. Quelle Registrar.	(Signed) Harel East,	m.D.
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Ė	xample I		Example II	-
The principal cause of dea of importance were as foll	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BUREAU V.	D . 1921	Run over by street car	1 week ago
Cerebral hemorrhage		Jay5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF SEATH	46)
County County County	Registration Dist. No. 96
Village or City borthe Coart	NoSt.,Ward
Length of residence In city or town where death occurred 72 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Leonge Philton to	langon
10. LION PIL.	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH James 17 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Catherine Johnson	22. May 10 1952 to Size 17 1932
6. DATE OF BIRTH (month, day, and year) all 26, 1860	I last saw here alive on Just 17 , 198 , death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1036 m.
72 4 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Corcurate of lusa
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL Contract SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (none) and the same (years) this occupation (none) and the same in this	-and similar
10. Date deceased last worked at this occupation (month and 728 spant in this year) year)	
Par KIOIP A MINI	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Coraco Maurios
13. NAME LEVE JOHNAGO	
13. NAME 11. BIRTHPLACE (city or town) Porthless up 14. BIRTHPLACE (city or town) Porthless up 15.	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (ofty or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (offy or town) Color Colo	Accident, suicide, or homicide?Date of injury
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAUTE COUNTY (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Cell Date 1992	Natura of Injury
19. UNDERTAKER SULL: MILLIAM (Address) Porry rue was	24. Was disease or Injury In any way related to occupation of deceases?
20, FILED 6/19 133 L.F. Sanders Registrar.	(Signed) Course for Jane M. D. (Address) Lebrib Goove M. D.
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc.—For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Find

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Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92a) Marlina
County County	Registration Dist. No. 96
Village or City rencefew turnace.	No. St., Ward
23//	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME William &	-uls
(a) Residence: No. June Prio Fuhua	LSt. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced. HUSBAND of	22.00 I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of YEACH	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h Au alive on June 17 19 37 death Is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 5 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER LECCHART	Chronice Valoular Data o met
	Heart Disease
work was done, as SILK MILL	/927
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation occupation.	
12. BIRTHPLACE (city or towny Harford Furgiall,	Other Contributory Causes of importance:
(State or country) Mary fund.	Minerellas Februlation 1931
I 13. MAINE COLUMN	
14. BIRTHPLACE (city or town) Halfand Co-	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? Kee
15. MAIDEN NAME! MUMAL SUGEY.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME MATTER. 16. BIRTHPLACE (city or town) Farfur Co. (Cotto or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Principlino Funcio F	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Determine 19	Nature of injury
19. UNDERTAKER ALL MILLSONY (Address) Perry Till Millsony	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED 6-19, 1932 Lo. F. Sanders Registrar.	(Signed) f. Magracis M. E. (Address) Perrificalle Mid
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore Requesting T) S No. 7

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	0	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	7681 8 3 111	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			Hannis	
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
1				

STATE OF MARYLAND-CERTIFICATE OF DEATH

65	62.3	1.00	mby.
- 83	63.54	12	1
6.	27.10	150	4

1. PLACE OF DEATH	100)	
County Coul	Registration Dist. No. 28	
Village or City Tissing Sun.	No. St.	Ward
	f death occurred in a horpital or institution, give its NAME instead of street and n	umber)
1 1 1 1 1 1	and the state of t	sas.
2. FULL NAME James J. Mo.	relver	
(a) Residence: No. / (Usual place of abode)	(St., Ward.	C
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	_
Mall white married	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22, / I HEREBY CERTIFY. That I attended d	
(or) WIFE of Anna M Slevon	22. I HEREBY CERTIFY, That I attended d	leceased from
6. DATE OF BIRTH (month, day, and year) Part. 2, -1860		death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 20 Pm.	
7/ 7 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade refereign as actionless 11 - 1	Lotar Freeword.	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
3. Industry or business in which work was done, as SILK MILL.		
S. Hade, Profession, of particular Rind of work done, as SPINNER, Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SLIK MILL SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and this occupation (month and this occupation).		
this occupation (month and spent in this occupation occupation		
12. BIRTHPLACE (city or town) Lenna.	Other Contributory Causes of importance:	
(State or country)		
13. NAME James Mr. Kelver		
13. NAME And Melvey 14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diegnosis? Was there en au	itonsv?
15. MAIDEN NAME Anna Sant and anderson	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIOEN NAME Anna Canh and Control	Accident, suicide, or homicide? Date of injury	
E (Stete or country) reland	Where did injury occur?	
17. INFORMANT Anna Me Helvey (Address)	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAI) CE.
18. BURIAL, CREMONAL THE	Manner of injury	
Place Allat Spaul Oate June 28, 19 37	Nature of Injury	
19. UNDERTAKER Charles & Mason	24. Was disease or Injury In any way related to occupation of deceased?	
(Address)	If so, specify	
20 SELLET 6/27-19 32-1	(Signed) & Blew thy, facel	MD
Jones m Working on Registrar.	(Address) Rung Sun Rowlands	will,

V. S. No. 1

If pore blands frangeded, addyer State Regigrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Comis issued

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i		Example II	7
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes Date of onse of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	200 2 100	1 week ago
Chronie interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	TODAIRO	3 days ago
•				
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	923 Gastroenteritis		1 year

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(23)	
County Cecel			Registration Dist. No. 97	
Village or City Elkton, Me		(1		Ward
Cin Jaia		Parker		us
2. FULL NAME Singleton (a) Residence: No. High Str		ton, Md.	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (verice the word)	21. DATE OF DEATH June (Month) (Oay) (Yex	ar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	myers	Parker	22. I HEREBY CERTIFY, That I attended deceased May 27th, 1932 to June 17th, 193	d from
6. DATE OF BIRTH (month, day, and year) ME	rch 6th,	1867	Hast saw h im alive on June 17th, 1932; death	is sai
7. AGE Years Months 65yrs. 3	Oays	If LESS than 1 day, hrs. ormin.	to have occurred on the date stated above, at	lancet
8. Trade, profession, or particular kind of work done, as SPINNER, Reserved by Sawyer, Bookkeeper, etc	agent.	ime (vears)	Pulmonary Tuberculosis.	
this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) Elkton, Maryland, (State or country)			Other Contributory Couses of Importance:	
2 13. NAME Caleb Parker,				
14. BIRTHPLACE (city or town) Elkto (State or country)	n, Maylar	nd.	Name of operation None Dete of What test confirmed diagnosis? Was there an autopsy?	No
≝ 15. MAIDEN NAME Catherine E	arrett,		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME Catherine E 16. BIRTHPLACE (city or town) Mary (State or country)	land.		Accident, suicide, or homicide?	
17. INFORMANT Mrs Warren S. Elston, (Address) Downington, Pa.			(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Elkton	June	21st, 32	Manner of injury NONE.	
19. UNDERTAKER Mr. Harry W. Pippin (Address) Elkton, Mayland. 20. FILEO June 20,1932 July Mayer			24. Wes disease or injury In any way related to occupation of deceased? No. If so, specify (Signed) V. H. M. C. J. Shift M. J. L.	-M. (
	blanks are needed, a	Registrar. address State Registrar,	(Address) Elkton, Maryland, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAUSE			
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		, , , , , , , , , , , , , , , , , , , ,	
		l	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR F	TURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

nfor- state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH #5460
	1. PLACE OF DEATH	(51)
of uld	County	Registration Dist. No. 90
sh of	Village or City Asor Cacellon (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS ent	Length of residence in city or town where death occurred yrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
Every CIANS tement	2. FULL NAME James (1), Posso	
RD. YSI stal	(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
RECO	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. E.	SEX 4. COLOR OR RACE OR DIVORCED (write the word) The sex of the	21. DATE OF DEATH (Month) (Day) (Year)
RMANEN X A C T I classified.	5a. If married, widowad, or divorced HUSBAND of (oc) WIFE-of Mary & Pusce	22. / I HEREBY CERTIFM, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) 4/15/18/5/	I last/saw h aliva on Sand 8 19 3 2 death is said
T = =	7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 1 1m.
IS A stated proper ertifica	2 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
HIS I be st be pi of ce	_ 8. Trade, projession, or particular	Carring 1 Bladde 10.19
NK-T) should it may n back	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this corruption of the control of the co	
o t Ed H	O Date daceased last worked at this occupation (month and year)	
DIP So ucti	12. BIRTHPLACE (city or town) Cruff (State or country)	Other Coutributory Causes of importance:
UNFA supplied n terms, ee instru	13. NAME 480. R. Pieres	
sur sur in to	13. NAME SEO. P. S. LO 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
full a	15. MAIDEN NAME Elipalette Horener	What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causes (VIOLENCE) fill in also the following:
INLY, WITH be carefully EATH in plain important.	15. MAIDEN NAME CLYSTER FORMAN (State or country)	Accident, suicide, or homicide? Data of Injury, 19
	17. INFORMANT Marrie Ce. Harie (Address) Mardletman Sel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
WRITE nation states of the sta	Place tale legentry . Allbate . Mrs. 181, 1913 .	Nature of injury
mation a CAUSE TION is	19. UNDERTAKER THE MICHAEL (Address)	24. Was disease or injury In any way related to occupation of deceased?
Z Z	20. FILED July 1/ 1932 Apoivan	(Signad) Seo De July M. D.
	Registrar.	(Address)

		Date of or
Carcinoma J	Bladder	Llec.
Other Coutributory Causes of importance	:	
		~
Name of operation	Date of	
What test confirmed diagnosis?	Was there an au	topsy?
23. If death was dua to external causes (V	IOLENCE) fill in also the following:	
Accident, suicide, or homicide?	Data of Injury	, 19
Whera did injury occur?(Signature Specify whether injury occurred in INDU	pecify city or town, county and State) USTRY, In HDME, or in PUBLIC PLAC	E.
Manner of Injury		
24. Was disease or injury In any way rela	ited to occupation of deceased?	
If so, specify (Signad)	D. Jones	
	91	11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIA

FOR

RESERVED

MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
	May 1,1920	(Tuoti Octubrius)	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>@</u>
County level	Registration Dist. No. 22
Village or City & Islane. Ull	orgo Vacpetal St., Ward
(lí	death occurred in a hospitator institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Langth of residence in city or town where death occurredyrsmos	as How long in 0.5.11 of foleign bifting
2. FULL NAME Saly Thousas	no
(a) Residence: No. Horek Court (Usual place of abode)	Red Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED. OR DIVORCED (drighte word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended daceased from
	Hast saw h 1 200 192 10 12 1932; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days tf LESS than	last saw h death is said to have occurred on the date stated above at 16m.
7. AGE Years Months Days of LESS than 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPHNNER,	
SAWYER, BOOKKEEPER, etc.	1 Store
P. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	X PO CO
kind of work dona, as SPHNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) Occupation	
12. BIRTHPLACE (city or towns) Laspital, Beklin, mik	Other Contributory Causes of Importance:
13. NAME Levrye Khoods 14. BIRTHPLACE (city or town) (State or country) Welsone	Name of operation
15. MAIDEN NAME Florence Surger	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Florence Surges 16. BIRTHPLACE (city or town) Worth Cart. (State or complex)	Accident, suicide, or homicide? Date of injury, 19
E (Stata or country) many land	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Leorge Phands (Address) north East, md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Coursey Date June 16, 1932	Manner of Injury
02 24 1	Nature of Injury
19. UNDERTAKER I. V. Charactery (Address) Seption Full	24. Was diseasa or injury in any way related to occupation of deceased? If so, specify
20. FILED Jane 13 1932 J. Bauf Bayor	(Signed) (Signed) M. D.
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:	and the second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

11

PLACE OF DEATH	STATE OF MARYLAND
County leed	CERTIFICATE OF DEATH
	Registration Dist. No. 93
win or Colored Main	
Village or City Will (No.	St: Ward) (If death occurred in a hospitul or institut
2FULL NAME Horry Ros	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	, 16 DATE OF DEATH
mole white WIDOWED, OR DIVORCED (Write the word)	L June 5-, 1922
6 DATE OF BIRTH	(Month) (Day) (Year)
april 3 18	72 Jan 1 - 192f to Jule 1 - , 192, 2
(Month) (Day) (Y	ear) that I last saw h Lingalive on Jame 5 -, 192
7 AGE IfLESS	
60 yrs. 2 mos. of ds. or	
8 OCCUPATION yrs. mos. de. or	min.?
(a) Trade, profession or particular kind of work	Emunous former
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. de
9 BIRTHPLACE (State or country) Mory Coul	Contributory Secondary
	de,
10 NAME OF FATHER MOSSELMEATERS.	(Signed) Sull Jun Muroa Com M. D.
M 11 BIRTHPLACE	July 19-193 (Address) Llatte Duy
(State or country) M Sufamalian	*State the Disease Causing Death, or, In deather from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER of A Wilmer Allen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
(State or Country) No Sufarmelessi	At place of deathyrsds, In the Stateyrsds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mrs Roses &	Former or usual residence.
Polity #5 DAS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Bullow - JAN	Cherry Hell Censlery June 11, 1932
Filed sine 9 1982 I Trank her	20 UNDERTAKER APPRESS
Registry	1. J. ellensely telking ma
If more blanks are needed, address State Reg	istrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

06463

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. The laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, Locomotive engineer, (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-Chronic affection need not be etc. valvular heart Nomenclature of the The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

xact	PLACE OF DEATH	STATE OF MARYLAND
fled.	County B 2	CERTIFICATE OF DEATH Registration Dist. No. 9293
y classicate	Village or City Oll Mills (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
properl of certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ay be	S SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) B DATE OF BIRTH	16 DATE OF DEATH (Month) 9 (Day) /932(Year) 173 CHEREBY CERTIFY, That I appended the deceased from
at it	(Month) (Day) (Year)	that I last saw her alive on Julie , 1927 >
og L	AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
plain terms	(a) Trade, profession or particular kind of work (b) General nature of industry	Careinoura of reature
H In	business, or establishment in which employed or (employer)	Motastani To rectum, (Duration) yrs. 10 mos. ds. Contributory Chronic interstitual Secondary
F DEA	(State or country) Relacoose 10 NAME OF Charles Schemitk	(Signed) Tallace W. D. M. D.
(0)	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, etate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
d state C	- 10 10	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
shoul ent of	(Informant) Les Munberg	Where was disease contracted, if not at place of death? Former or usual residence
CIANS	(Address) Gelplon, ma RO3	Cathedral Cenetry, Del June 13, 132 20-UNDERTAKER
[] =	Filed frame 10 19232 frame Registrar	, 16 W. Saratoga St., Balto., Requisiting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Form laborer, Loborer—Cool mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. (a) whatever, write None. to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesmon, For persons who have no occupation, Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions asswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County	XLCG A	2 CL	Registration Dist. No.	2
Village or C	ity selkelo	n sha	No. M. St., (If death occurred in a hospital or institution, give its NAME instead of street and nu	mbar
Langth of resi	dence in city or town whare	death occurredyrs,m		
2. FULL NAI	ME		Febb	
(a) Residen	ce: No.	7	St Ward.	
		(Usual place of abode)	If nonresident give city or town and S	tate
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, SEX	4. COLOR OR RACE	5. SINGLE, MARRIEO, WIOOWEO, OR OIVORCED (quite the word)	21. DATE OF DEATH (Month) (Day)	193 = (Ye
5a. If married, widow HUSBANO of (or) WIFE of	ed, or divorced		22. I HEREBY CERTIFY, That I attended de	cease
6. DATE OF BIRTH (month, day, and year)	une 14-1932	I last saw h with on all e, 19 ;	death
7. AGE Yea	rs Months	Days It LESS than	to have occurred on the date stated abova, atm.	
	U	l dáy,hrs ormin.	was as follows	Dateo
8. Trade, profes	sion, or particular ork done, as SPINNER,	n	Juli ogm.	
The south of	BOOKKEEPER, etc	Jone	3 mplus	
a work was	done, as SILK MILL, L, BANK, etc		yan aun	
10. Oate dacease	ed last worked at pation (month and	11. Total time (years) spent in this		
year)	9 .	occupation	Other Coultributory Courses of importance	
12. BIRTHPLACE (cit	- h /2 /a	Nispela	Other Contributory Confees of Importance	
(Stata or cour	Da a to	or thethe		
日 13. NAME	lacent of	(m) 191		
14. BIRTHPLACE		RAMA	Name of operation Date of	
	01	Sholton	What test confirmed diagnosis? Was there an aul 23. If death was due to external causes (VIOLENCE) fill in also tha following:	lopsy
15. MAIDEN NA 16. BIRTHPLACE	(city or town) 7/1	fames.	Accident, suicide, or homicide? Oata of injury	19
≤ (Stata or		1	Where did injury occur?	
17. INFORMANT (Address)	Hospil	al second	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMAT	ION, OR REMOVAL		Manner of injury	
Placa		Oate, 19	Nature of injury	
1	71	7	24. Was disease or injury in any way related to occupation of deceased?	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. 3.	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 21000
Gartonio	May 1,1925	COSTOCILITUS	1 year

PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of inforstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important. PLAINLY, -WRITE m

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

1. PLACE OF DEATH	CERTIFICATE OF DEATH	5386
County Cecil.	Registration Dist. No. 4	7
Village or City Worwick . O.D.	No. St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	sds. How long in U.S. if of foreign birth?yrsmo	
(a) Residence: No. Warwich (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 2
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Joseph Clayton Whealman	22. I HEREBY CERTIFY, That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year) Die. 11 - 1863	I last saw hely alive on Jenne 103 , 19 3 2	death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute Cordial Dilatation	Suddu
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this organization (month and		
10. Data deceased last worked at this occupation (month and year) spant in this occupation (month and occupation)		
12. BIRTHPLACE (city or town) Ceut Co. (State or country) Delaware	Other Contributory Causes of importance:	2
13. NAME n'm Slaudeter-	- Yause -	
14. BIRTHPLACE (city or town) (State or country)	Name_of operation Date of	
W 15. MAIDEN NAME week wow	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Acesbacid	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Survey Survey Date Date 1952	Manner of injury	
19, UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED June 15, 1937 Cowan Registrar.	(Signed) Carling Hand	ŽМ. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

DEARD

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy Arterioselerosis 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	930
County Cecil	Registration Dist. No.
Village or City horth East (If	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Elizabeth J. W	hill
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Only U lite	22. I HEREBY CERTIFY, That I ettended deceased f
6. DATE OF BIRTH (month, day, and year) Feb 22. 1841	I lat saw h.e. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3
9 1 3 21 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	O 12 10 oct of
SAWYER, BDOKKEEPER, etc	Wente permitting cruice
SAW MILL, BANK, etc.	(Lucar
O 10. Total time (years) this occupation (month and spont in this	V
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTIIPLACE (city or town).	00
	Curoue myrecuatus
E Manda Tille	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sillingham	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Sillingham, 16. BIRTHPLACE (city or town) near neuportuell	Accident, suicide, or homicide?
E (State or country) Genua	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. In Ilromas une (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bay U iew nid Date Jame 17,19 3 2	Manner of Injury
19. UNDERTAKER CADAL FOOT MA	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED 6-16-32,19 Zes les Questos Registrar.	(Signed) A. Writin Controll (Address) Worlin East, had

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	3111 2 1932	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago	
	L. T. Y.	3.0			
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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